PART B - FEE(S) TRANSMITTAL

mplete and end this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

INSTRUCTIONS. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All deriner correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as inclearly interest, corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

23580

7590

04/22/2004

MESMER & DELEAULT, PLLC ALDDOON STREET

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United

| MANCHESTER, NH 03104 | | | | States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. | | | | |
|---|-------------------------------------|---------------------------|---------------|---|--|--|--|--|
| | | | | Rober | 1 RD elecul | (Depositor's name) | | |
| `• | | | | open | esslu | (Signature) | | |
| | | | | 6- | 3-07 | (Date) | | |
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | | | ATTORNEY DOCKET NO. | CONFIRMATION NO. | | |
| 09/919,126 | 07/31/2001 | Xiaohua (| | nua Cai | NOVA-CREAT | 2861 | | |
| TITLE OF INVENTION: B | IOSENSOR AND METHOI | | | | | | | |
| , | | | | | | | | |
| <u> </u> | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | | |
| nonprovisional | NO | \$1330 | | \$300 | \$1630 | 07/22/2004 | | |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | | | | |
| OLSEN, KAJ K | | 1753 | | 204-403030 | _ | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| . ASSIGNEE NAME AND | RESIDENCE DATA TO B | E PRINTED ON T | HE PATEN | T (print or type) | | | | |
| been previously submitte (A) NAME OF ASSIGN | ed to the USPTO or is being s EE | ubmitted under ser (B) | arate cover. | ar on the patent. Inclusion of Completion of this form is NO CE: (CITY and STATE OR C | assignee data is only appropr OT a substitute for filing an as OUNTRY) | riate when an assignment has signment. | | |
| NOVA Giom | redical Corpor | etion | Wal | Ham, MA | | | | |
| Please check the appropriate | e assignee category or catego | ries (will not be pri | nted on the r | natent): □ individual 💆 | Corporation or other private g | group entity | | |

| Please check the appropriate assignee categories | ory or categories (will no | ot be printed on the patent); | O individual | corporation or other private group entity | ☐ government | |
|--|--|--|------------------------|---|------------------------|--|
| 4a. The following fee(s) are enclosed: | | 4b. Payment of Fee(s): | | | ` | |
| X Issue Fee | ☐ A check in the amount of the fee(s) is enclosed. | | | | | |
| Publication Fee | Payment by credit card. Form PTO-2038 is attached. | | | | | |
| ☐ Advance Order - # of Copies | | ☐ The Director is he Deposit Account Num | reby authorized ber | by charge the required fee(s), or credit any (enclose an extra copy of this | overpayment, to form). | |

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

| (Authorized Signature) | (Date) |
|---|---|
| o colina e la | 6-3-09 |
| NOTE; The Issue Fee and Publication Fee (if req other than the applicant; a registered attorney or | uired) will not be accepted from anyone agent; or the assignee or other party in |

interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for Patents Alexandria Virginia 27313-1450. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

06/09/2004 EFLORES1 00000060 09919126

02 FC:1504

1330.00 OP 300.00 OP

Serial No.:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

09/919,126

Filing Date:

07/31/2001

Applicants:

Xiaohua Cai et al.

Title: Assignee: **BIOSENSOR AND METHOD Nova Biomedical Corporation**

Art Unit:

1753

Examiner:

Kaj K. Olsen

Mail Stop ISSUE FEE Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filling in the above-referenced patent application please find an ISSUE FEE TRANSMITTAL, a credit card payment form PTO-2038, authorization to charge the amount of \$1,630.00 to cover the issue and publication fee, and a return postcard.

If there are any questions regarding this application or the issue fee, please call the undersigned Attorney.

Respectfully submitted,

Dated: 6-3-04

Robert R. Deleault, Reg. No. 39,165

Attorney for Applicant

41 Brook Street

Manchester, NH 03104

Tel. (603) 668-1971 Fax. (603) 622-1445

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on June 3, 2004:

educio la